



Docket No. 17282CPA (A)

TECH CENTER 1600/2900

SEP 07 2001

RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Sachs et al )  
U.S. Serial No.: 09/288,326 )  
Filed: April 8, 1999 )  
For: METHODS AND COMPOSITIONS )  
FOR THE TREATMENT OF )  
PANCREATITIS )

Examiner: Clemens, K.

Group/Art Unit: 1644

TRANSMITTAL SHEET

Box Amendment-FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application. Enclosed are:

- 1) Reply and Amendment (7 pgs.)
- 2) Marked-Up Copy of Amended Claim (1 pg.)
- 3) Return/Stamped Postcard
- 4) Transmittal Letter in duplicate including one month extension of time.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Amendment-Non-Fee, Assistant Commissioner for Patents, Washington, D.C. 20231 on

7/27/01  
(Date of Deposit)

7/27/01  
Date of Signature

Bonnie Ferguson  
Name of person mailing correspondence

Bonnie Ferguson  
Signature

The fee has been calculated as shown below:

CLAIMS AS FILED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	40	MINUS	40	= 0 x	\$18	= \$0.00
Independent Claims	2	MINUS	3	= 0 x	\$80	= \$0.00
If application has been amended to contain multiple dependent claim(s), then add				No	\$270	= \$0.00
(Select only one)				one month	\$110	= \$110.00
Time Extension Fees:				two months	\$390	= \$
				three months	\$890	= \$
				four months	\$1,390	= \$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 110.00

- ( ) A check in the amount of \$\* is enclosed (place fee in here i.e., petition, excess claims, etc.)
- (X) The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 (associated with petition fees or excess claim fees) which may be required, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

Date:

7/28/01

Signature:



Carlos A. Fisher  
Registration No. 36,510  
Legal Department, T2-7H  
ALLERGAN, INC.  
2525 Dupont Drive  
Irvine, CA 92612  
Telephone: (714) 246-4920  
Fax: (714) 246-4249



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Box Amendment - fee  
Rec'd in USPTO/PCT Office. Date Stamp and Return Card.  
Date: 7/27/01  
Serial No.: 09/288,326  
Title: *Methods and Compositions For the Treatment of...*  
Dkt. No.: 17282(AOC)  
Enclosed Are:

- |  |   |
|--|---|
| <input type="checkbox"/> Specification # _____, Claims # _____, and Abstract # _____ | <input type="checkbox"/> Declaration, Power of Attorney                   |
| <input type="checkbox"/> Drawings (____ sheets)                                      | <input type="checkbox"/> Assignment & Cover Sheet                         |
| <input type="checkbox"/> _____ Formal _____ Informal                                 | <input checked="" type="checkbox"/> Amendment (Final) (# pgs. 7 pgs)      |
| <input type="checkbox"/> Info. Disc. Statement                                       | <input checked="" type="checkbox"/> Certificate of Mailing                |
| <input type="checkbox"/> Priority Documents # _____                                  | <input type="checkbox"/> Issue Fee Transmittal                            |
| <input type="checkbox"/> PTO 1449 W/References                                       | <input checked="" type="checkbox"/> Transmittal Letter - <i>duplicate</i> |
| <input type="checkbox"/> PCT Request (# pgs. _____)                                  | <input checked="" type="checkbox"/> Extension of Time - <i>one month</i>  |
| <input type="checkbox"/> PCT Demand (# pgs. _____)                                   | <input type="checkbox"/> Express Mail No. _____                           |
| <input type="checkbox"/> PCT Response (# pgs. _____)                                 | <input checked="" type="checkbox"/> <i>Marked UP COPY - 1 PAGE</i>        |
| <input type="checkbox"/> PCT Amendment (# pgs. _____)                                | _____   |
|  | _____   |

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